

Application Data Sheet

Application Information

Application number: Not yet assigned
Filing Date: Herewith
Application Type: Regular
Subject Matter: Utility
Suggested Classification:
Suggested Group Art Unit:
CD-ROM or CD-R: None
Number of CD Disks:
Number of copies of CDs:
Sequence Submission?
Computer Readable Form (CRF)?
Number of Copies of CFR:
Title: METHOD FOR PRODUCING CARBON
NANOTUBES USING A DC NON-TRANSFERRED
THERMAL PLASMA TORCH
Attorney Docket Number: SWAB-0003
Request for Early Publication: No
Request for Non-Publication: No
Suggested Drawing Figure: 1
Total Drawing Sheets: 15
Small Entity?: Yes
Latin name:
Variety denomination name:
Petition included?: No
Petition Type:
Licensed US Govt. Agency:
Contract or Grant Numbers:
Secrecy Order in Parent Appl.?:

Applicant Information

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|---|----------------------------|
| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | Canada |
| Status: | Full Capacity |
| Given Name: | David |
| Middle Name: | |
| Family Name: | Harbec |
| Name Suffix: | |
| City of Residence: | Montreal |
| State or Province of Residence: | Quebec |
| Country of Residence: | Canada |
| Street of mailing address: | 5360 Victoria Ave., Apt. 2 |
| City of mailing address: | Montreal |
| State or Province of mailing address: | Quebec |
| Country of mailing address: | Canada |
| Postal or Zip Code of mailing address: | H3W 2P3 |
| | |
| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | Canada |
| Status: | Full Capacity |
| Given Name: | Jean-Luc |
| Middle Name: | |
| Family Name: | Meunier |
| Name Suffix: | |
| City of Residence: | |
| State or Province of Residence: | |
| Country of Residence: | Canada |
| Street of mailing address: | 10246 St-Hubert |
| City of mailing address: | Montreal |
| State or Province of mailing address: | Quebec |
| Country of mailing address: | Canada |
| Postal or Zip Code of mailing address: | H2C 2H5 |

Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing

Address:

Phone number:

Fax number:

Representative Information

Representative Customer No.: 23377

Domestic Priority Information

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|---|--|--|---|
| Application: this application | Continuity Type: An application claiming the benefit under 35 USC 119(e) | Parent Application: 60/426,407 | Parent Filing Date: November 15, 2002 |
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Foreign Priority Information

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|-----------------|-------------------------|---------------------|--------------------------|
| Country: | Application No.: | Filing Date: | Priority Claimed: |
|-----------------|-------------------------|---------------------|--------------------------|

Assignee Information

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|---|----------------------------|
| Assignee name: | McGill University |
| Street of mailing address: | 845 Sherbrooke Street West |
| City of mailing address: | Montreal |
| State or Province of mailing address: | Quebec |
| Country of mailing address: | Canada |
| Postal or Zip Code of mailing address: | H3A 2T5 |